STATE OF OREGON
CERTIFICATION OF VITAL RECORD

849379
I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

7128425

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name — First: Michael	Middle: Wayne	Last: Harris	Suffix	2. Death Date: March 03, 2019
3. Sex: Male	4. Age: 56 years	5. Social Security Number: 560-23-2599		6. County of Death: Deschutes
7. Birthdate: December 28, 1962	8. Birthplace: Sacramento, California			9. Decedent's Education: High school grad. or GED
10. Was Decedent of Hispanic Origin? No	11. Decedent's Race(s): White			12. Was Decedent Ever in U.S. Armed Forces? No
13. Residence: Number and Street: 6284 Pueblo Drive			14. City/Town: Magalia	
15. Residence County: Butte	16. State or Foreign Country: California		17. Zip Code + 4: 95954	18. Inside City Limits? Yes
19. Marital Status at Time of Death: Never married	20. Spouse's Name Prior to First Marriage			
21. Usual Occupation: Electrician			22. Kind of Business/Industry: Residential	
23. Father's Name: Michael - Harris			24. Mother's Name Prior to First Marriage: Jeannie - Bisagno	
25. Informant's Name: Jeannie Weil	26. Telephone Number: Not Available	27. Relationship to Decedent: Mother	28. Mailing Address: P. O. Box 296, Fort Jones, CA 96032	
29. Place of Death: Hospital-Inpatient		30. Facility Name: St. Charles Medical Center - Bend		
31. Location of Death: 2500 NE Neff Road		32. City/Town or Location of Death: Bend	33. State: Oregon	34. Zip Code + 4: 97701
35. Method of Disposition: Cremation	36. Place of Disposition: Autumn Crematory		37. Location: Bend, Oregon	
38. Name and Complete Address of Funeral Facility: Autumn Funerals, Bend		61555 Parrell Rd, Bend, Oregon 97702		
39. Date of Disposition: TBD	40. Funeral Director's Signature: Michael R McNeil (Electronically Signed)		41. OR License Number: CO-3893	
42. Registrar's Signature: Kelly A. Eckerman	43. Date Received: March 14, 2019		44. Local File Number: 3742	
45. Amendment				

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? ☐ Yes ☒ No	47. Autopsy? ☐ Yes ☒ No	48. Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No
49. Time of Death: 1804		

CAUSE OF DEATH

60. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

Final disease or condition resulting in death→ Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Approximate Interval: Onset to Death
	IMMEDIATE CAUSE ↓ a. Acute Hemorrhagic Stroke	24 hrs
	Due to (or as a consequence of) ↓ b. Malignant Hypertension	5 yrs
	Due to (or as a consequence of) ↓ c. Methamphetamine Abuse	5 yrs
	Due to (or as a consequence of) ↓ d. ~~Chronic Kidney Disease 5~~ Congestive Heart Failure 2	

51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Chronic Kidney Disease stage 5. Congestive Heart Failure

52. Manner of Death: ☑ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	53. If Female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	54. Did tobacco use contribute to death? ☐ Yes ☒ Probably ☐ No ☐ Unknown	
55. Date of Injury (MON DD YYYY)	56. Time of Injury	57. Place of Injury (e.g., Decedent's home; construction site, restaurant, wooded area)	58. Injury at Work? ☐ Yes ☐ No ☐ Unknown

59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)

60. Describe how injury occurred

61. If transportation injury, specify. ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4): Christopher M Schulte MD 211 NW Loreh Ave, Redmond, OR 97756

63. Name and Title of Attending Physician if Other than Certifier

64. Title of Certifier: MD	65. License Number: 184355	66. Date Signed (MON DD YYYY): 03/07/2019
67. Medical Certifier – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. ▶ Christopher M Schulte MD	68. Medical Examiner – On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. ▶	

69. Amendment

45-2DP (01/06)

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: MAR 14 2019

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT THE RAISED SEAL OF THE STATE OF OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE